

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51	0		1			
2		1		1			52	0		1			
3		1		1			53	0		1			
4		3		1			54	0		1			
5	1		1				55	0		1			
6		1		1			56	0		1			
7		1		1			57						
8		3		1			58						
9	0						59						
10	0						60						
11	0						61						
12	0						62						
13	0						63						
14	0						64						
15	0						65						
16	0						66						
17	0						67						
18	0						68						
19	0						69						
20	0						70						
21	0						71						
22	1		1				72						
23		1		1			73						
24	1		1				74						
25		1		1			75						
26		1		1			76						
27		3		1			77						
28		3		1			78						
29		1		1			79						
30		1		1			80						
31	0						81						
32	0						82						
33	0						83						
34	1		1				84						
35		1		1			85						
36		1		1			86						
37		3		1			87						
38	0						88						
39	0						89						
40	0						90						
41	0						91						
42	0						92						
43	0						93						
44	0						94						
45	0						95						
46	0						96						
47	1		1				97						
48		1		1			98						
49		1		1			99						
50		1		1			100						
TOTAL IND.							TOTAL IND.	60		4			
TOTAL DEP.							TOTAL DEP.	60		56			
TOTAL CLAIMS							TOTAL CLAIMS	60		56			